

County of Los Angeles Emergency Medical Services Agency

Pre-hospital Programs
10100 Pioneer Blvd. Suite 200
Santa Fe Springs, CA. 90670



TEMPORARY EMERGENCY CERTIFICATION VALID THROUGH
10/31/2020

This is to certify that

State # _____
LA County # _____

**has successfully completed a
TEMPORARY EMERGENCY
CERTIFICATION course of
instruction in**

**Alternative Staffing for
Approved ALS Units (1&1 Program)**

4 hours of instruction

Print instructor name and certification number

**By signing this document, I certify that the person named here has completed the training
and successfully demonstrated skills performance required by the program.**

Instructor Signature

